

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 163Primary Registration District No. 3007Registrar's No. 31061-032055
STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

BUTLER

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

BUTLER

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

POPLAR BLUFF

c. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

POPLAR BLUFF

c. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

POPLAR BLUFF

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

LUCY LEE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

223 South "D" Street

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MAMIE

Middle

JURLDAN

Last

SHAFFER

4. DATE OF DEATH

Month

Day

II 1961

Year

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/30/1926

9. AGE (last birthday)

35

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

SWIFTON, Ark.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ARTHUR BAKER

13b. MOTHER'S MAIDEN NAME

EDITH (unknown)

14. NAME OF HUSBAND OR WIFE

ROOSEVELT SHAFFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

Roosevelt Shaffer, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Embolism.
cause unknown

INTERVAL BETWEEN ONSET AND DEATH

Instant

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5/24/61 to 6/12/61

5:45 A.M.

and last saw her alive on 6/12/61

22a. SIGNATURE

L. Peterson D.O.

(Degree or title)

22b. ADDRESS

204 Bartlett P.B.

22c. DATE SIGNED

9/20/61

23a. BURIAL, CREMATION, OR OTHER (Specify)

23b. DATE

9/16/1961

23c. NAME OF CEMETERY OR CREMATORY

MOROCCO

23d. LOCATION (City, town, or county)

Rt. #1 BROSLEY, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Peoples, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

9/24/1961

26. REGISTRAR'S SIGNATURE

Shelma Graham

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Rafford

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.